

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-000001

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED FEB 11 1963

Primary Registration District No. 3000

Registrar's No.

45

VS 300  
Rev. 4/59

10017

2990

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123-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Arbela</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>John William Adams</u>		First Middle Last	4. DATE OF DEATH Month <u>1</u> Day <u>29</u> Year <u>63</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-22-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>79</u>
11a. FATHER'S NAME <u>James A. Adams</u>		11b. MOTHER'S MAIDEN NAME <u>Mary E. Curry</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		14. NAME OF HUSBAND OR WIFE <u>Miss L. Adams</u>	15. BIRTHPLACE (City and state or country) <u>Arbela</u>
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Stanley Adams</u>	18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, of item 18.)
20c. TIME OF INJURY Hour <u>2:00</u> a.m. <u>pm</u> Month, Day, Year <u>1-11-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Scotland</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1-11-63</u> to <u>1-29-63</u> and last saw him live on <u>1-29-63</u> . Death occurred at <u>2:00 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22a. SIGNATURE <u>Richard P. Valuck</u> (Degree or title)		22b. ADDRESS <u>Laughlin Hospital Kirkville Mo</u>	22c. DATE SIGNED <u>2-2-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-31-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memphis cemetery</u>	23d. LOCATION (City, town, or county) <u>Memphis Mo</u>
24. FUNERAL DIRECTOR <u>Guth + Baskett</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 5, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit issued Jan. 29, 1963

RICHARD P. VALUCK, D.O.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Fred Keith

Licensed Embalmer No. 4258

P. O. Address Murphy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.